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|---|-----------------|--------------------------|--------------------------------|--------------------------------------|--------------------------|--|---------------------------|-----------------|--|
| Effective on 12/08/2004.<br>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).                               |                 |                          |                                | Complete if Know                     |                          |  |                           |                 |  |
|   |                 |                          |                                |                                      |                          | 10/589,345-Conf. #6519                             |                           |                 |  |
| FEE TRANSMITTAL   |                 |                          |                                | Filing Date                          | -                        | August 11, 2006                                    |                           |                 |  |
| For FY 2009   |                 |                          |                                | First Named Inv                      | entor                    | Tsutomu MATSUBARA                                  |                           |                 |  |
|   |                 |                          |                                | Examiner Name                        | _                        | O. K. Nwugo  |                           |                 |  |
| Applicant claims small entity status. See 37 CFR 1.27   |                 |                          |                                | 7 tit Offit                          |                          | 2612   | *                         |                 |  |
| TOTAL AMOUNT OF PAYMENT (\$) 988.00   |                 |                          | Attorney Docket No. 1163-0576P |                                      |                          | 31   |                           |                 |  |
| METHOD OF PAYMENT (check all that apply)  |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Check Credit Card Money Order None Other (please identify):   |                 |                          |                                |                                      |                          |  |                           |                 |  |
| X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                      |                 |                          |                                |                                      |                          |  |                           |                 |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                            |                 |                          |                                |                                      |                          |  |                           |                 |  |
| x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  |                 |                          |                                |                                      |                          |  |                           |                 |  |
| FEE CALCULATION   |                 |                          |                                |                                      |                          |  |                           |                 |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES   |                 |                          |                                |                                      |                          |  |                           |                 |  |
|   | FILIN           | IG FEES                  | SEA                            | ARCH FEES                            | EXAM                     | NATION FEES  |                           |                 |  |
| Application Type  | Fee (\$)        | Small Entity<br>Fee (\$) | Fee (\$)                       | Small Entity<br>Fee (\$)             | Fee (\$)                 | Small Entity<br>Fee (\$)                           | Fees                      | Paid (\$)       |  |
| Utility   | 330             | 165                      | 540                            | 270                                  | 220                      | 110  | 1003                      | aid (y)         |  |
| Design  | 220             | 110                      | 100                            | 50                                   | 140                      | 70   | ***                       |                 |  |
| Plant   | 220             | 110                      | 330                            | 165                                  | 170                      | 85   |                           |                 |  |
| Reissue   | 330             | 165                      | 540                            | 270                                  | 650                      | 325  |                           |                 |  |
| Provisional   | 220             | 110                      | 0                              | 0                                    | 0                        | 0  |                           |                 |  |
| 2. EXCESS CLAIM FEES  |                 | 110                      | v                              | v                                    | v                        | v  |                           | Small Entity    |  |
| Fee Description Fee (\$)  |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Each claim over 20 (including Reissues)   |                 |                          |                                |                                      |                          |  |                           | 26              |  |
| Each independent claim over 3 (including Reissues)  |                 |                          |                                |                                      |                          |  | 220                       | 110             |  |
| Multiple dependent claims   |                 |                          |                                |                                      |                          |  | 390                       | 195             |  |
|   |                 |                          |                                |                                      | ultiple Dependent Claims |  |                           |                 |  |
| 41 -22 or HP  |                 | <u> 52.00</u> =          |                                | 988.00                               | <u> </u>                 | <u>ee (\$)                                    </u> | ee Paid (\$               | <u>5)</u>       |  |
| HP = highest number of total clair  |                 |                          |                                | D 11(4)                              |                          |  | <del></del>               | _               |  |
|   |                 |                          |                                | e Paid (\$)<br>0.00                  |                          |  |                           |                 |  |
| 3 - 3 or HP = HP = highest number of independ   |                 |                          | 3.                             | 0.00                                 |                          |  |                           |                 |  |
| 3. APPLICATION SIZE FEE   |                 |                          |                                |                                      |                          |  |                           |                 |  |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer                 |                 |                          |                                |                                      |                          |  |                           |                 |  |
| listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50             |                 |                          |                                |                                      |                          |  |                           |                 |  |
| sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).   |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  - 100 = /50 = (round up to a whole number) x |                 |                          |                                |                                      |                          |  | <u>Fee Paid (\$)</u><br>= |                 |  |
| 4. OTHER FEE(S)  Fees Paid (\$)   |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Non-English Specification, \$130 fee (no small entity discount)   |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Other (e.g., late filing surcharge):  |                 |                          |                                |                                      |                          |  |                           |                 |  |
| SUBMITTED BY  |                 |                          |                                |                                      |                          |  |                           |                 |  |
| Signature   | nl              | #47,3                    | 105                            | Registration No.<br>(Attorney/Agent) | 40,439                   | Telephone  | (703) 20                  | 5-8035          |  |
| Name (Print/Type) D/Rignard Anderson  |                 |                          |                                | e                                    |                          | Date   | June 18, 2009             |                 |  |
| Kot ()  |                 | -                        |                                | <u> </u>                             |                          |  |                           |                 |  |
| N   |                 |                          |                                |                                      |                          |  |                           |                 |  |